

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

FREEDOM'S DEFENSE FUND

ADDRESS (number and street)

1155 - 15th Street NW



(Check if address is changed)

Suite 614

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

scott@FECreports.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3202159596

2. DATE 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

 / 

|   |   |
|---|---|
| D | D |
| 0 | 8 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

3. FEC IDENTIFICATION NUMBER

C C00401786

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **SCOTT B MACKENZIE**Signature of Treasurer Electronically Filed by **SCOTT B MACKENZIE**

Date

|   |   |
|---|---|
| M | M |
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|   |   |
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| D | D |
| 0 | 8 |

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| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)



Write or Type Committee Name

**FREEDOM'S DEFENSE FUND**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **SCOTT B MACKENZIE**

Mailing Address **1155 - 15TH STREET NW**

**SUITE 614**

**WASHINGTON** **DC** **20005** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**TREASURER**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **SCOTT B MACKENZIE**

Mailing Address **1155 - 15TH STREET NW**

**SUITE 614**

**WASHINGTON** **DC** **20005** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**TREASURER**

Telephone number - -

Full Name of Designated Agent

Mailing Address

**CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**ACCESS NATIONAL BANK**

Mailing Address

**1800 ROBERT FULTON DR**

**RESTON**

**VA**

**20191**

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

**FIRST VIRGINIA COMMUNITY BANK**

Mailing Address

**11325 RANDOM HILLS DR**

**SUITE 240**

**FAIRFAX**

**VA**

**22030**

CITY ▲

STATE ▲

ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

INDUSTRIAL BANK

4812 GEORGIA AVE NW

WASHINGTON DC 20011

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

**Designated Agent**

[ ADDITIONAL ]

Full Name

Mailing Address

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Title or Position ▼

CITY A

STATE A

ZIP CODE ▲

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Telephone number

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